

Structural Stigma and Health

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Hate crimes Bullying Stereotypes

Structural Stigma Embedded in Multiple Institutions

- Law and social policies
- Religion
- Academia and research
- Education
- Industry, business, corporations
- Police
- Military
- Media
- Finance
- Place, home
- Marriage and family
- Technology
- Medicine and hospitals

Policies Shape Social Norms about Stigmatized Groups

ATTITUDINAL POLICY FEEDBACK AND PUBLIC OPINION

THE IMPACT OF SMOKING BANS ON ATTITUDES
TOWARDS SMOKERS, SECONDHAND SMOKE,
AND ANTISMOKING POLICIES

JULIANNA PACHECO*

Do Popular Votes on Rights Create Animosity Toward Minorities?

Todd Donovan¹ and Caroline Tolbert²

Does Policy Adoption Change Opinions on Minority Rights? The Effects of Legalizing Same-Sex Marriage

Rebecca J. Kreitzer¹, Allison J. Hamilton², and Caroline J. Tolbert

Three Effects of Social Policies on Stigma Processes

Stigma as an Unrecognized Determinant of Population Health: Research and Policy Implications

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Journal of Health Politics, Policy and Law, Vol. 41, No. 4, August 2016

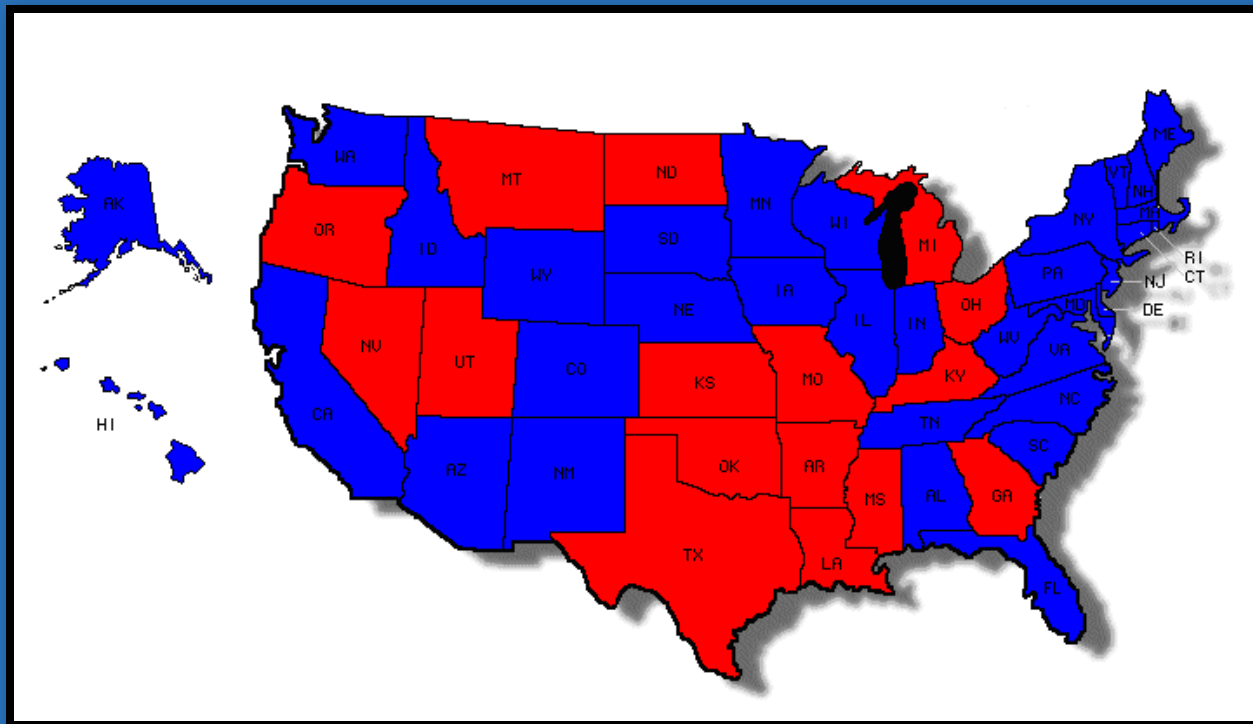
- Invigorate
- Interrupt
- Ignore

1. Policies that Invigorate Stigma Processes and Produce Harm

The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study

| Mark L. Hatzenbuehler, MS, MPhil, Katie A. McLaughlin, PhD, Katherine M. Keyes, MPH, and Deborah S. Hasin, PhD

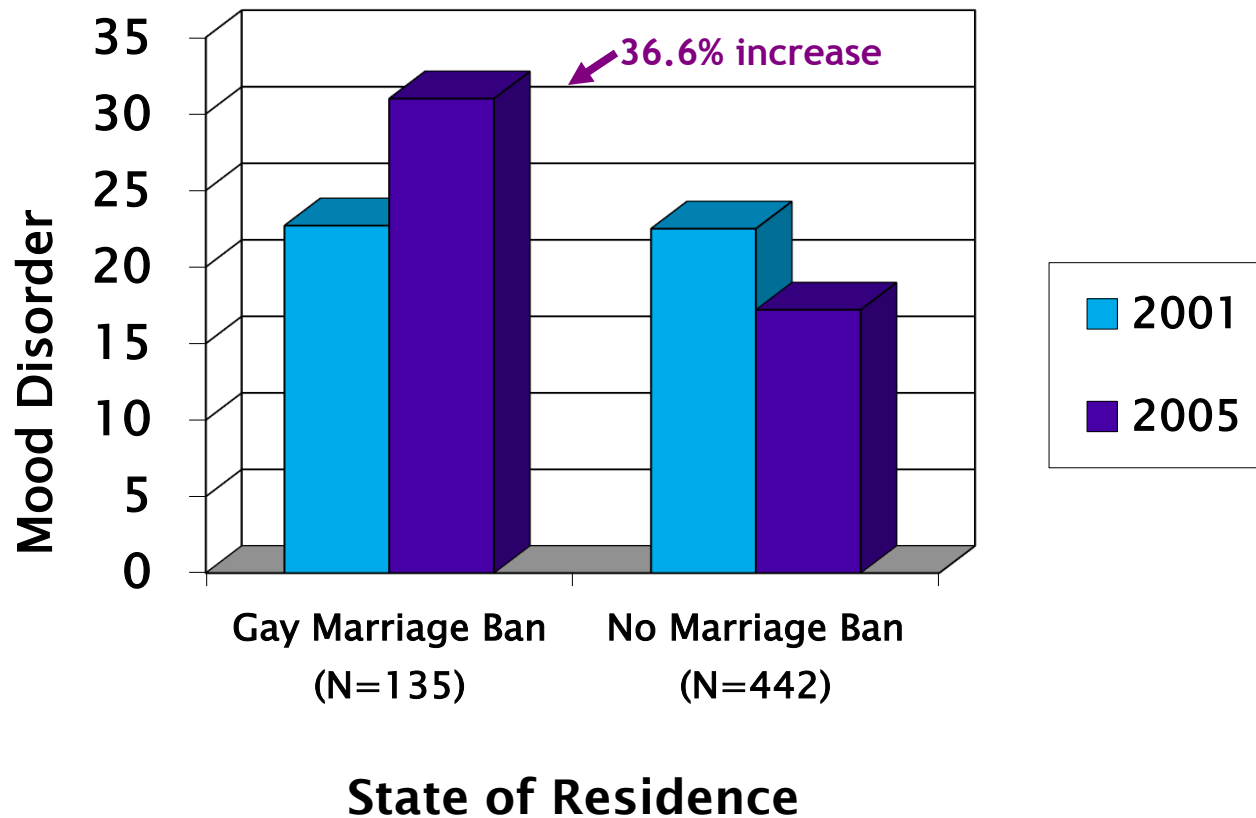
Methods



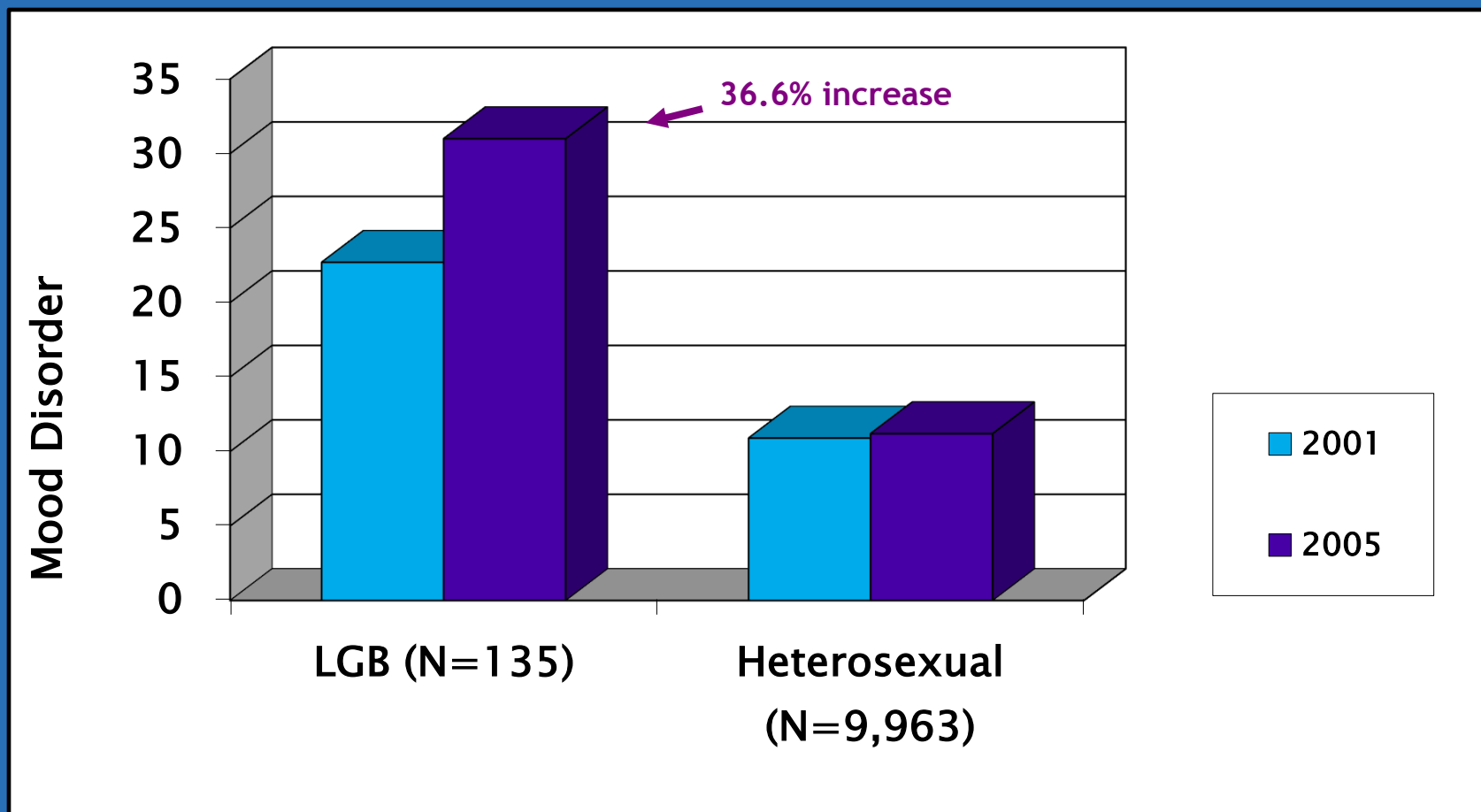
- Red = States passing constitutional amendments
- Blue = States not passing constitutional amendments

National Epidemiologic Survey on Alcohol and Related Conditions (2001-2005)

LGB Adults Living in States that Banned Same-Sex Marriage Experienced Increase in Mood Disorders



Negative Consequences of Marriage Bans Are Specific to LGB Adults



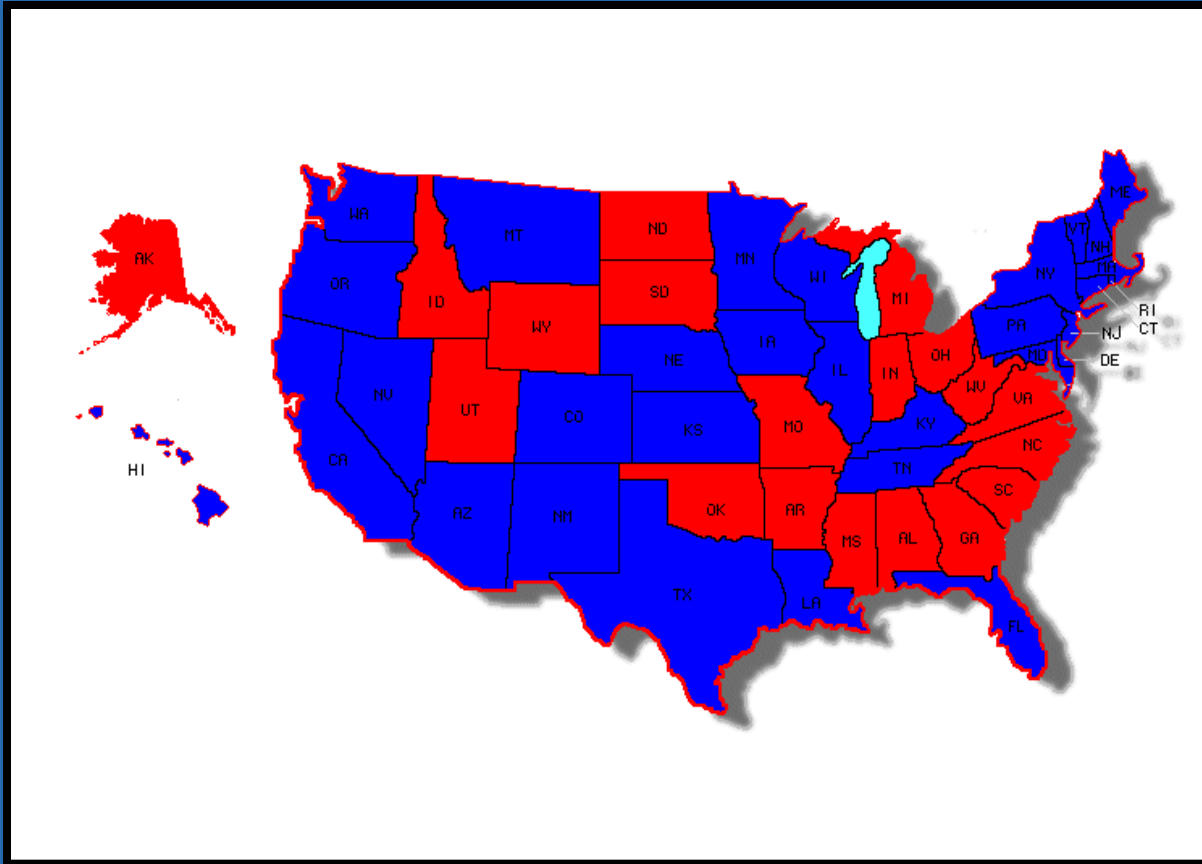
2. Policies that Interrupt Stigma Processes and Mitigate Harm

State-Level Policies and Psychiatric Morbidity In Lesbian, Gay, and Bisexual Populations

| Mark L. Hatzenbuehler, MS, MPhil, Katherine M. Keyes, MPH, and Deborah S. Hasin, PhD

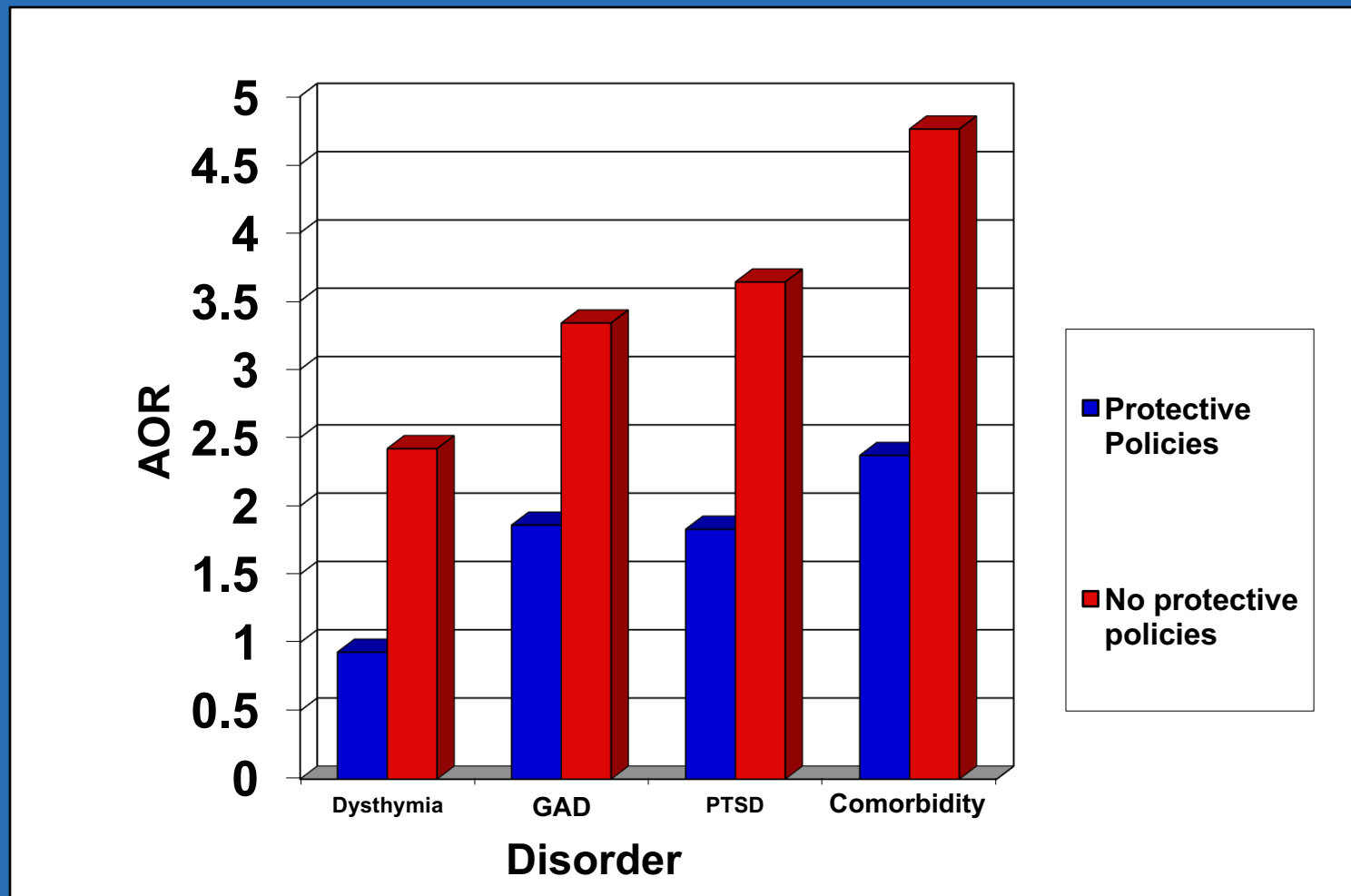
December 2009, Vol 99, No. 12 | American Journal of Public Health

State-Level Policies Conferring Protections Based on Sexual Orientation Status



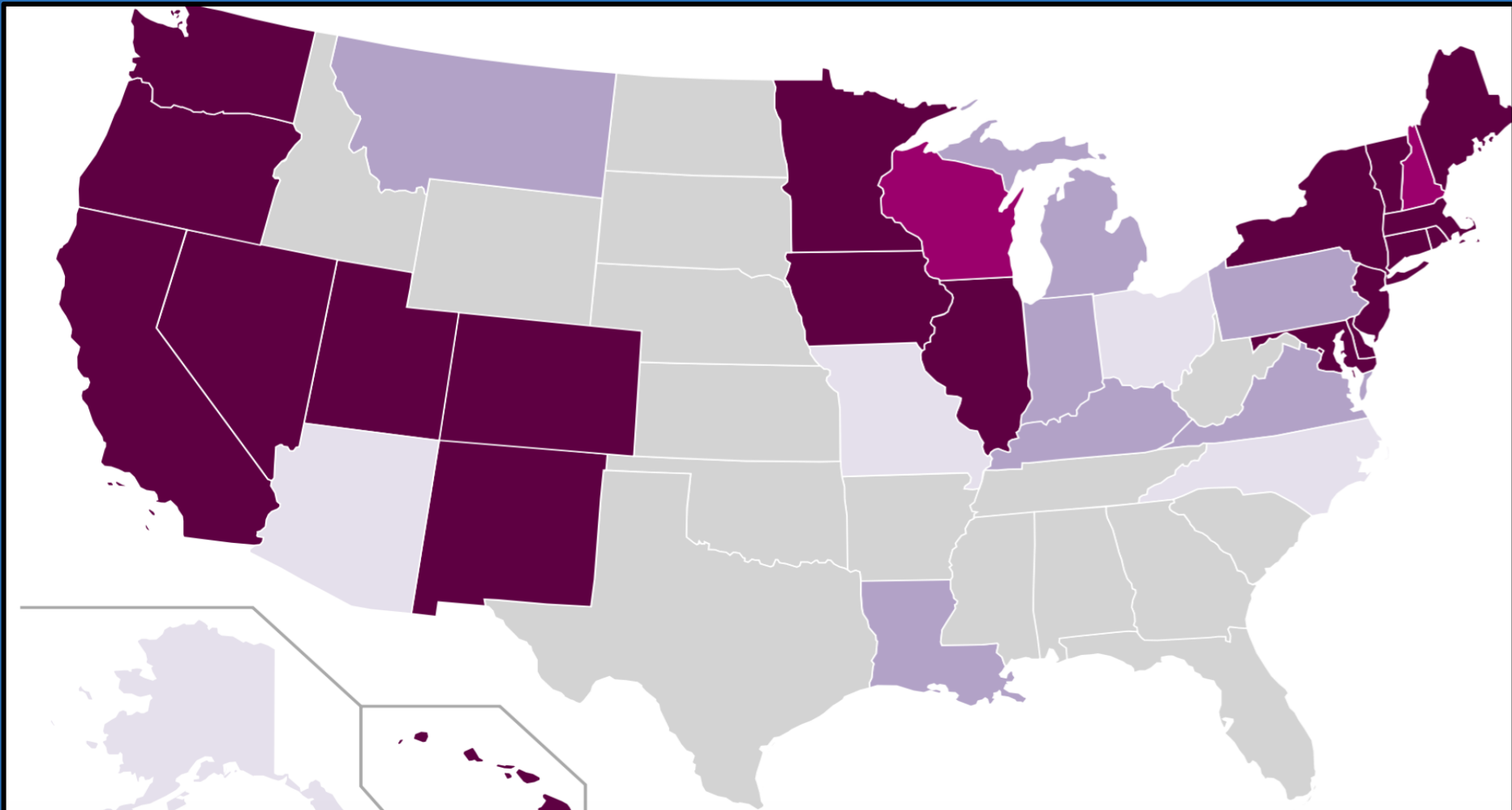
- (1) Hate Crimes
- (2) Employment Discrimination
 - Red = States with no protective policies
 - Blue = States with at least one protective policy

Sexual Orientation Disparity in Psychiatric Morbidity is Significantly Smaller in States with Protective Policies



3. Policies that Ignore the Interests of Stigmatized Groups

- Policy inaction as a policy regime affecting stigmatized group



3. Policies that Ignore the Interests of Stigmatized Groups

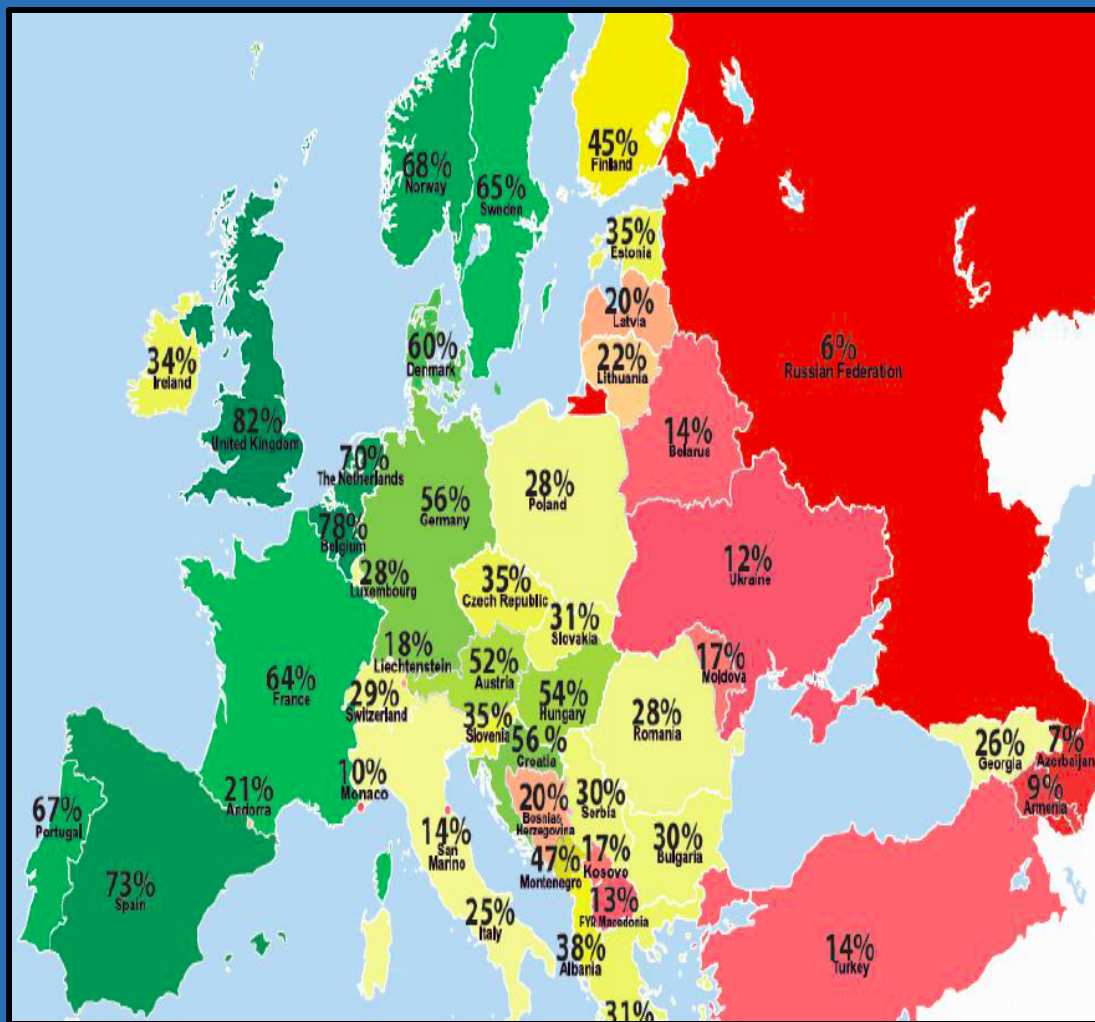
- A correlative form of policy inaction can occur when policy is constructed but implemented selectively, or not at all.

Implementation of the Americans with Disabilities Act:
Challenges, Best Practices, and
New Opportunities for Success

National Council on Disability (2007)

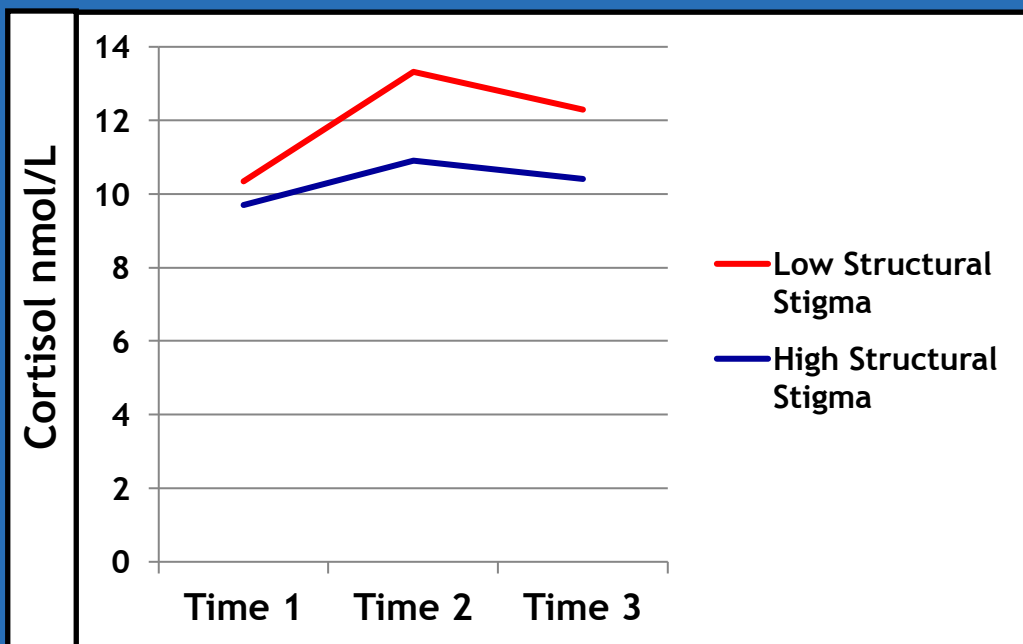
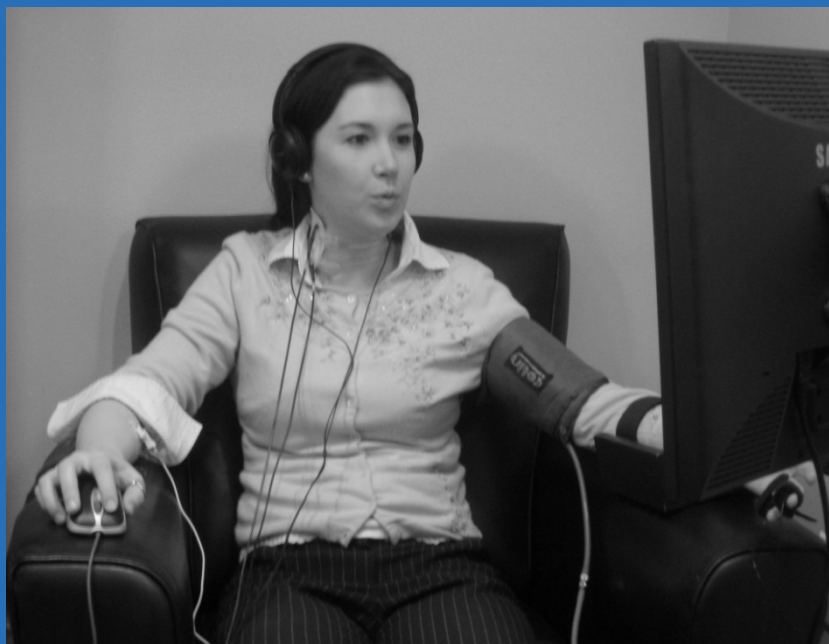
How Does Structural Stigma Produce Health Inequalities?

1. Structural Stigma Increases Psychological Risk Factors for Poor Health

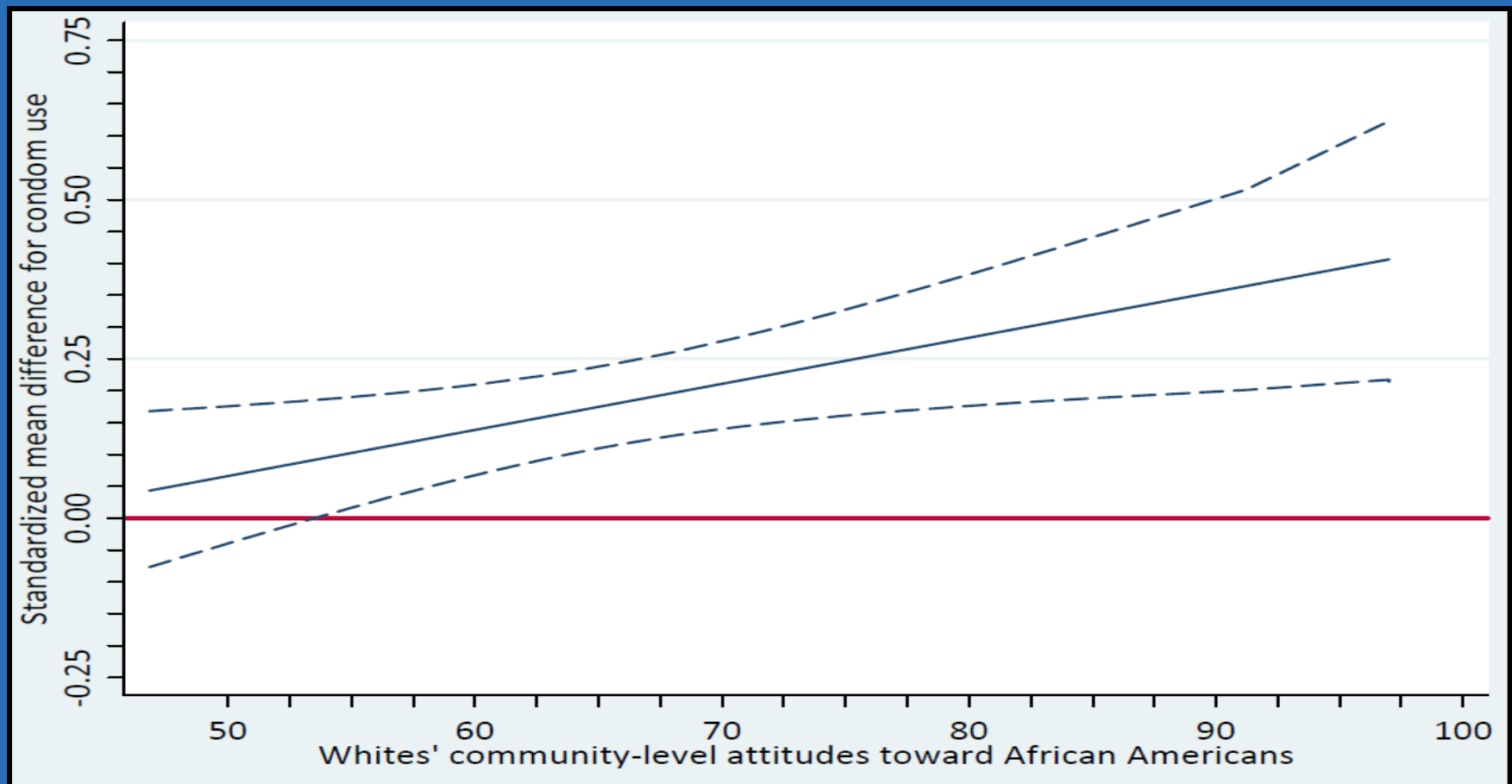


- Linked ecologic data on structural stigma across 38 countries to individual-level outcomes among MSM living in these countries (n=174,209)
- Structural stigma → Concealment (AOR: 2.47, 95% CI: 2.10-2.91)
- Concealment associated with a host of negative mental and physical health outcomes (Pachankis, 2007)

2. Structural Stigma Activates Physiological Stress Response System



3. Structural Stigma Undermines Efficacy of Individual-Level Health Interventions



Caveats

- Structural stigma is a necessary but not sufficient target for interventions that seek to disrupt stereotypes.
- Learning from research on other stigmatized groups, while making appropriate adaptations to specific group of interest.

Conclusions (I):

Structural Stigma is a Risk Indicator for Poor Health

- **Social policies**
 - Immigration (Hatzenbuehler et al., 2017)
 - Hate crime protections (Levy & Levy, 2017)
 - Same-sex marriage (Rostosky et al., 2010)
- **Methods**
 - Observational (Hatzenbuehler et al., 2009; 2017)
 - Quasi-experimental (Hatzenbuehler et al., 2010; 2012)
 - Daily diaries (e.g., Frost & Fingerhut, 2016)
 - Audit experiments (e.g., Tilcsik, 2011)
- **Groups**
 - Sexual minorities (e.g., Hatzenbuehler et al., 2009; 2010)
 - Racial minorities (e.g., Krieger et al., 2013)
 - Ethnic minorities (e.g., Hainmueller et al., 2017)
- **Health outcomes**
 - Psychiatric morbidity (e.g., Hatzenbuehler et al., 2009)
 - Suicide attempts (e.g., Raifman et al., 2017)
 - Infant mortality (Krieger et al., 2013)

Conclusions (II)

- Structural stigma undermines health through:
 - Psychological factors
 - Concealment (Pachankis et al., 2014)
 - Disclosure concerns (Miller et al., 2011)
 - Self-stigma, perceived discrimination, reduced empowerment (Evans-Lacko et al., 2012)
 - Physiological factors
 - Activates physiological stress response system (Hatzenbuehler & McLaughlin, 2014)
 - Undermines health interventions (Reid et al., 2014)
- Structural stigma represents one important target for multi-level interventions aimed at disrupting stereotypes.

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